Approved for use through 10/31/2002. OMB 0651-0032
Under the Paperwork Reduction Act of 1995, he persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application or Docket Number

PATENT APPEISATION FÉÉ DETERMINATION RECOR							D Application or Docket Number 3325/34					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER T		
FOR		NUMBI	NUMBER FILED		NUMBER EXTRA		ГЕ	FEE		RATE	FEE	
BASIC FEE (37 CFR 1.16(a))		- 14- 42-5					. 1977 	s	OR	# ##* #1, 1	s <u>710</u>	
TOTAL CLAIMS (37 CFR 1.16(c))			72 minus				_=		OR	x <u>\$ 18</u> =	936	
INDEPENDENT CLAIMS (37 CFR 1.16(b))		AIMS 3	3 minus		33 = * 0		_=		OR	x <u>80</u>	0	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR				CFR 1.16(d))		+	_=		OR	+=		
* If the difference in column 1 is less then zero, enter "0" in column 2						тот	AL		OR	TOTAL	1646	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMA	LL EN	TITY	OR	OTHER T		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSI PAID FOR	PRESENT LY EXTRA	RATE	E 7	ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	* 79	Minus	** 72	= 7	x \$	_=		OR	x \$ <u>18</u> =	126	
	Independent (37 CFR 1.16(b))	* 3	Minus	*** 3	= 0	x	_=		OR OR	x <u>84</u> ₌	0	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						_=		OR	+ =		
	(Column 1) (Column 2) (Column 3)					TOT ADDIT. F			OR A	TOTAL DDIT. FEE	126	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSI PAID FOR	PRESENT LY EXTRA	RAT		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$	_=	OR		x \$=		
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x	_=		OR OR	x=		
Ą	FIRST PRESENTATION OF MULTIPLE DEP			ENDENT CLAI	[M (37 CFR 1.16(d))		_=		OR	+=		
(Column 1)				(Column 2)	(Column 3)	TO ADDIT. I	FEE		OR A	TOTAL DDIT. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSI PAID FOR	PRESENT EXTRA	RAT		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$	_=	-	OR	x \$=		
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x	_=		OR OR	x=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))] [+	_=		OR	+=		
* If	the entry in colu	mn 1 is less than the	entry in colum	n 2, write "0" in	column 3. than 20, enter "20".	TO ADDIT.	TAL FEE		OR _A	TOTAL DDIT. FEE		

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.